



Arizona WIC Special Formula Authorization Form Children, Women and Healthy Infants

Client Name: _____

Date of Birth: _____ WIC Client ID: _____

Please fully complete every section (1-7) to avoid delays in issuance.

1. Formula(s) Previously Tried:

WIC contract formula as noted by ":**

- ☐ Similac Advance*
☐ Similac Sensitive for Fussiness & Gas*
☐ Similac Total Comfort*
☐ Enfamil ProSobee*
☐ Similac for Spit-Up*
☐ Other: _____

3. Amount of Formula Requested Per Day: _____

- ☐ Oral ☐ Tube Feeding

4. Diagnosis for Special Formula or Medical Food:

- ☐ Prematurity ☐ GERD or reflux ☐ Dysphagia ☐ Failure to thrive (<5th percentile wt/length or BMI/age)
☐ Food allergy: _____ ☐ Other: _____

Note: Must be a specific medical diagnosis.

5. WIC Food Restrictions: *Please check any foods listed below that are NOT appropriate for the diagnosis.*

Note: Infant <6 mo will not receive foods.

- ☐ All foods are appropriate **OR**

Category	WIC Foods	Do <u>Not</u> Give	Comments
Infants (6-11 mo.)	Infant cereal	<input type="checkbox"/>	_____
	Infant Jarred-fruits/vegetables	<input type="checkbox"/>	_____
Children (1-5 yr.) and Women	Cow's milk	<input type="checkbox"/>	_____
	Cheese	<input type="checkbox"/>	_____
	Eggs	<input type="checkbox"/>	_____
	Peanut butter	<input type="checkbox"/>	_____
	Whole grains**	<input type="checkbox"/>	_____
	Cereal	<input type="checkbox"/>	_____
	Beans	<input type="checkbox"/>	_____
	Vegetables/fruits	<input type="checkbox"/>	_____
	Juice	<input type="checkbox"/>	_____
	Soy milk	<input type="checkbox"/>	_____
	Tofu	<input type="checkbox"/>	_____
Exclusively Nursing Women	Canned Fish	<input type="checkbox"/>	_____

****Grains include the options of whole wheat bread, brown rice, and/or corn tortillas.**

6. Length of Time Requested: # months (circle): 1 2 3 4 5 6 **OR** # weeks: _____

7. Print Provider Name/Title: _____ **Date:** _____

Healthcare Provider Signature: _____ **Phone Number:** _____

☐ Approved ☐ Not Approved **Local Nutritionist/State Approval**
Length of Authorization: From _____ To _____

Comments: _____

Signature: _____

Please visit <http://www.azwic.gov/physicians.htm> for additional forms or information.

Revised 10/2013